

FOOD STAMP BUDGET WORKSHEET

CASE NAME	COMPANION CASE REFERENCE	CASE NUMBER	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS
CERTIFICATION PERIOD FROM THROUGH	CHANGE REPORT <input type="checkbox"/>	QR 7 <input type="checkbox"/>	MID-QUARTER REPORT <input type="checkbox"/>

PART 1 - INCOME FOR CHANGE REPORTING (CR) AND QUARTERLY REPORTING (QR) HOUSEHOLDS

A. NONEXEMPT GROSS EARNED INCOME	GROSS SALARY/WAGES	SELF EMPLOYMENT	TRAINING ALLOWANCE	
1. Month 1/Year _____/____	\$ _____	\$ _____	\$ _____	
2. Month 2/Year _____/____	\$ _____	\$ _____	\$ _____	
3. Month 3/Year _____/____	\$ _____	\$ _____	\$ _____	
4. Total Gross Earned Income (A1 + A2+ A3)				Total \$ _____ (A4)
5. QR Averaged Gross Earned Income (A4 ÷ number of months)				Total \$ _____ (A5)

B. NONEXEMPT GROSS UNEARNED INCOME	SOCIAL SECURITY, UIB, DIB, PENSIONS	CHILD/SPOUSAL SUPPORT	SCHOLARSHIPS, GRANTS, LOANS	OTHER
1. Month 1/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____
2. Month 2/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____
3. Month 3/Year _____/____	\$ _____	\$ _____	\$ _____	\$ _____
4. Unearned Income (B1 + B2 + B3)				Total \$ _____ (B4)
5. QR Averaged Gross Unearned Income (B4 ÷ number of months)				Total \$ _____ (B5)
6. Cash Aid				Total \$ _____ (B6)
7. Total Gross Unearned Income				Total \$ _____ (B5 + B6)

PART 2 - GROSS INCOME TEST FOR CR AND QR REPORTING HOUSEHOLDS

C. GROSS INCOME TEST	
1. Maximum Gross Income allowed for Household Size of _____ (from table)	\$ _____
2. Total Gross Income (A5 + B7) =	\$ _____
3. Gross Income Eligible? (Is C2 less than or equal to C1?)	<input type="checkbox"/> YES <input type="checkbox"/> NO Total \$ _____ (C3)

PART 3 - NET INCOME

D. NONEXEMPT GROSS INCOME	DOCUMENTATION						
1. Gross Earned Income (A5)	INCOME: <input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____ <input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____						
2. Adjusted Gross Earned Income (80% of D1)							
3. Total Gross Unearned Income (B7)							
4. Nonexempt Gross Income (D2 + D3)							
E. EXCESS MEDICAL EXPENSES (Special Medical)	EXPENSES: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">QTR AVG</th> <th style="width:50%;">MID QTR AVG</th> </tr> <tr> <td><input type="checkbox"/> Dependent Care</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical Expense</td> <td></td> </tr> </table> <input type="checkbox"/> Utilities <input type="checkbox"/> SUA <input type="checkbox"/> LUA <input type="checkbox"/> TUA <input type="checkbox"/> Housing <input type="checkbox"/> PRORATED	QTR AVG	MID QTR AVG	<input type="checkbox"/> Dependent Care		<input type="checkbox"/> Medical Expense	
QTR AVG		MID QTR AVG					
<input type="checkbox"/> Dependent Care							
<input type="checkbox"/> Medical Expense							
1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses.							
2. Limited Period Expenses (Occurring during only a portion of the certification period). Include limited averaged expenses.							
3. Total Allowable Expenses (E1 + E2)							
4. Less Medical Expense Allowance (\$35)							
5. Excess Medical Expenses (E3 - E4)							
F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER DEDUCTIONS							
1. Standard Deduction							
2. Dependent Care							
Child(ren) Under Two							
Other Dependents & Child(ren) 2 and Over							
Total Dependent Care Deductions							
3. Homeless Shelter Deduction							
4. Excess Medical Expenses (E5)							
5. Total Deductions (F1 + F2 + F3 + F4)							
G. ADJUSTED NET INCOME							
1. Nonexempt Gross Income (D4)							
2. Total Deductions (F5)							
3. Adjusted Net Income (D4 - F5) or (G1 - G2)							
H. SHELTER DEDUCTION							
1. Total Housing Costs							
2. Total Utility Allowance							
3. Total Shelter costs							
4. Allowable Shelter costs (50% of G3)							
5. Excess Shelter costs (H3 - H4)							
6. Maximum Allowance For Shelter							
7. Allowable Shelter Deduction (Lesser of H5 or H6)							
I. NET MONTHLY INCOME (G3 - H7)							
J. NET INCOME TEST							
1. Household Size							
2. Maximum Net Income Allowable (from table)							
3. Net Income eligible							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

PART 4 - BENEFITS

	ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)		PAYMENT QUARTER	PAYMENT QUARTER
		1. Quarter/Month's Resources \$ _____ 2. Additional Resources (specify) a. _____ b. _____ c. _____ 3. Subtotal (K1 + K2a + K2b + K2c) \$ _____ 4. Resources Sold, Traded or Given Away (specify) a. _____ b. _____ c. _____ 5. Subtotal (K4a + K4b + K4c) \$ _____ 6. Current Resources (K3 - K5) \$ _____ 7. Resource Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ _____ _____ \$ _____ \$ _____ _____ \$ _____ \$ _____ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
PART 5—INCOME COMPUTATIONS		PAYMENT QUARTER	PAYMENT QUARTER
L. SELF-EMPLOYMENT (Nonexempt Resources Only)		1. Gross Income from Self-Employment \$ _____ 2. Expenses: <input type="checkbox"/> Standard 40% Deduction <input type="checkbox"/> Actual Expenses (Verification Required) \$ _____ 3. Total Nonexempt Income from Self-Employment If averaging self-employment income go to L7. If adjusting a previous average, continue to L4. \$ _____ 4. Adjustment to Gross Income \$ _____ 5. Adjustment to Expenses \$ _____ 6. Adjusted Self-Employment Income (L3 + L4 + L5) \$ _____ 7. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers) \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS		PAYMENT QUARTER	PAYMENT QUARTER
1. Income from Grants, Scholarships or Loans 2. Tuition and Mandatory Fees 3. Total Nonexempt Educational Income (M1 – M2) 4. Monthly Income from Grants, Scholarships or Loans (M3 ÷ number of months income covers)		\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____
PART 6—REPORTED CHANGES (Other than the QR 7 or DFA 377.5)			
Type of Change			
Date Change Occurred			
Date Change Reported			
EW Initials			